



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### HEPATITIS B VACCINATION PROGRAM

**Effective Date:** November 19, 2012

**Policy #:** IC-06

**Page 1 of 2**

- I. PURPOSE:** To provide all employees with the opportunity for immunization against Hepatitis B. Throughout the world, Hepatitis B Virus is an important cause of viral hepatitis.
- II. POLICY:** Employees will be advised of the risk of occupational exposure to bloodborne pathogens as it relates to their specific job assignment and will be provided information about the Hepatitis disease process and the immunization program. (See Exposure Control Plan)
- III. DEFINITIONS:**
  - A. Antibody – a component of blood that generates a reaction to foreign substances.
  - B. Vaccination – injection with a vaccine to protect against a disease.
- IV. RESPONSIBILITIES:**
  - A. Staff Development – will provide education to staff related to Hepatitis B Infection.
  - B. Infection Prevention Nurse – will give new employees Hepatitis B Vaccine Disclosure forms and consent forms (see attachment), will schedule staff members as soon as possible to begin vaccination series, and will notify staff as scheduled doses are due. He/she will be responsible for maintaining the records in the Employee Health File.
- V. PROCEDURE:**
  - A. The Infection Prevention Nurse will obtain a signed consent form (see attached) for all employees at time of employment which indicates either willingness or refusal to participate in the Hepatitis B series. This form is maintained in the Employee's Health Record file in the Medical Clinic.
  - B. Vaccinations will be done by appointment only. Employees must contact the Assistant Director of Nursing at #7020.



## Montana State Hospital Policy and Procedure

### HEPATITIS B VACCINATION PROGRAM

Page 2 of 2

C. Recombinant Hepatitis B Vaccine will be administered intramuscularly at days 0, 30 and 180.

D. If an employee initially declines the Hepatitis B vaccination, but subsequently chooses to receive it, the hospital will provide the vaccination series.

**VI. REFERENCES:** Surveillance, Prevention and Control of Infection, Medical Consultants Network, Inc., CDC

**VII. COLLABORATED WITH:** Director of Human Resources, Infection Control Coordinating Group Chair.

**VIII. RESCISSIONS:** #IC-06, *Hepatitis B Vaccination Program*, dated September 14, 2009; # IC-06, *Hepatitis B Vaccination Program*, dated August 31, 2002; # IC-06, *Hepatitis B Vaccination Program*, dated December 18, 2002; # IC-06, *Hepatitis B Vaccination Program*, dated February 14, 2000; HOPP #IC-02-14, *Hepatitis B Vaccination Program*, dated March 7, 1995.

**IX. DISTRIBUTION:** All hospital policy manuals.

**X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per M.C.A. § 307-106-330.

**XI. FOLLOW-UP RESPONSIBILITY:** Infection Prevention Nurse

**XII. ATTACHMENTS:**

A. [Hepatitis B Vaccine Disclosure Form](#)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
John W. Glueckert                      Date  
Hospital Superintendent

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Thomas Gray, MD                      Date  
Medical Director



## **HEPATITIS B VACCINE DISCLOSURE FORM (RECOMBINANT)**

### **HEPATITIS B – THE DISEASE**

Hepatitis means inflammation of the liver. Toxins, certain drugs, some diseases, heavy alcohol use, and bacterial and viral infections can all cause hepatitis. Hepatitis is also the name of a family of viral infections that affect the liver; the most common types in the United States are hepatitis A, hepatitis B and hepatitis C.

Hepatitis B is a contagious liver disease that results from infection with the hepatitis B virus. It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness. Hepatitis B is usually spread when blood, semen or another body fluid from a person infected with the hepatitis B virus enters the body of someone who is not infected. This can happen through sexual contact with an infected person or sharing needles, syringes or other drug-injection equipment. Hepatitis B can also be passed from an infected mother to her baby at birth.

Hepatitis B can either be acute or chronic. Acute hepatitis B virus infection is a short-term illness that occurs within the first six months after someone is exposed to the hepatitis B virus. Acute infection can but does not always lead to chronic infection. Chronic hepatitis B virus infection is a long-term illness that occurs when hepatitis B virus remains in a person's body. Chronic hepatitis B is a serious disease that can result in long-term health problems and even death.

The best way to prevent hepatitis B is by getting vaccinated.

### **HEPATITIS B VACCINE**

Hepatitis B vaccine is made two ways. Plasma-derived vaccine is made from HBV particles that have been purified from the blood of carriers. The method used to prepare the plasma-derived hepatitis vaccine kills all types of viruses found in human blood, including the virus that causes Acquired Immunodeficiency Syndrome (AIDS). Recombinant vaccines are made from common baker's yeast cells through genetic engineering. The yeast-derived vaccines do not contain human blood products. The vaccine is given by injection on three separate dates. Usually, the first two doses are given one month apart, and the third dose, five months after the second. After three doses, the Hepatitis B vaccine is 85%-95% effective in preventing Hepatitis B infection in those who received vaccine. Booster doses of vaccine are not routinely recommended for people with normal immune systems. Although the level of protective antibodies in the blood of a vaccinated person seem to decline overtime, the immune system retains immunization "memory" and if the person is exposed to hepatitis B, the system "kicks in" and provides the needed protection.

### **POSSIBLE SIDE EFFECTS OF VACCINE**

Injection site soreness is the primary reaction. Also included are redness, swelling, warmth, and hardness of injection site, all of which subside within 48 hours. Occasionally low grade fever (less than 101.2) will occur but subsides within 48 hours. Systemic complaints include malaise, fatigue, headache, nausea, dizziness, muscle and joint pain – they are infrequent and limited. Rash is rare. As with any drug or vaccine there is a rare possibility that allergic or more serious reactions or even death could occur. No deaths, however, have been reported in persons who have received this vaccine.

Giving Hepatitis B vaccine to persons who are already immune or to carriers will not increase the risk of side effects.



## **INDICATIONS FOR RECEIVING THE VACCINE**

People working in the health care field are at higher risk of being infected with Hepatitis B than most other segments of the population because of their contact with infected blood products. Risk of infection increases with frequency of contact with blood. Infection may occur when Hepatitis B virus, transmitted by infected body fluids, contacts mucous surfaces or is introduced through accidental breaks in the skin.

Those health care workers at highest risk (according to the Center for Disease control) are dialysis nurses, lab personnel, (particularly blood bank and phlebotomist personnel), followed by operating room staff, I.V. therapy personnel, emergency room and intensive care unit nurses. Other health care workers are at varied risk according to their contact with blood. The American Hospital Association lists those at moderate risk as those who have some exposure to infected blood, but with only occasional, generally accidental risk of percutaneous inoculation, such as housekeeping and central supply personnel and nonsurgical house staff.

## **CONTRAINDICATIONS**

Vaccine should not be administered to individuals who have exhibited previous systemic allergic reactions to the vaccine or any of the ingredients in the formulation.

Administer with caution to individuals with severe cardiopulmonary impairments. Vaccination should be delayed in any individual with a serious active infection unless withholding the vaccine is considered a greater risk. Pregnant or nursing mothers must obtain written consent from their personal care physician before receiving the vaccine.

## **OTHER HEPATITIS DISEASES**

This Hepatitis B vaccine does not prevent hepatitis caused by other agents such as: Hepatitis A virus; Hepatitis C virus, or other viruses known to infect the liver. Treat all blood and body fluids as potentially infectious.

## **PROCEDURE**

- a) Sign a consent form to receive vaccine.
- b) 1.0 cc of HBV vaccine (recombinant) is administered intramuscularly at days 0, 30, 180.

## **QUESTIONS**

If you have any questions about Hepatitis B or Hepatitis B vaccine, please ask us now or call your doctor, health department, or the Infection Prevention Nurse before you sign this form.

## **COST**

The Department offers this vaccine at no charge to any employee who desires it.

## **SCHEDULING XI**

Vaccinations are done by appointment only. For further information call the Assistant Director of Nursing at ext. #7020.



Name \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Hire \_\_\_\_\_

Date of Birth \_\_\_\_\_

Department \_\_\_\_\_

Do you have any allergies to: Aluminum Hydroxide \_\_\_\_\_

Phosphate Buffers \_\_\_\_\_

Bakers Yeast \_\_\_\_\_

Are you pregnant or nursing? \_\_\_\_\_

Do you have a history of lung disease? \_\_\_\_\_

Do you have a history of heart disease? \_\_\_\_\_

Are you currently suffering from a serious active infection? \_\_\_\_\_

Are you suffering from any moderate to severe illness? \_\_\_\_\_

## CONSENT/WAIVER

I have read the above statement about Hepatitis B infection and Hepatitis B vaccine. I have had an opportunity to ask questions and I understand the benefits and risks of vaccination. I am aware that vaccine is administered intramuscularly, a method endorsed by the Center for Disease Control. I understand that I must have three consecutive doses of vaccine to confer immunity to Hepatitis B. However, as with all medical treatment, there is no guarantee that I will not experience an adverse side effect of the vaccine. I choose:

To receive Hepatitis B (recombinant) vaccine. I hereby release the State of Montana, the Department of Public Health and Human Services, and any of its officials and employees from any liability incurred through normal operation of this program.

\_\_\_\_\_ I choose **not** to receive the Hepatitis B vaccine at this time. However, I reserve the right to request inoculation at a future date.

\_\_\_\_\_ I have **completed** Hepatitis B series prior to employment at Montana State Hospital.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Vaccinated

Lot # - Vaccine

Expiration Date

Nurse's Initial

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_